

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983
in the UNITED STATES DISTRICT COURT for the SOUTHERN DISTRICT of GEORGIA

Louis Oneil Grant

CV 4 21 - 3 2 6

(Enter above full name of plaintiff or plaintiffs)

v.

Correct health, Doctor Gold

(Enter above full name of defendant or defendants)

FILED
U.S. DISTRICT COURT
SAVANNAH DIV.
2021 NOV 8 P 2:37
CLERK
S.C. DIST. OF GA.

I. Previous lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action? Yes _____ No ☒

If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket number: _____

4. Name of judge assigned to case: _____

5. Disposition
(for example, was the case dismissed? appealed? is it still pending?):

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

8. Were you allowed to proceed *in forma pauperis* (without prepayment of fees)? Yes _____ No ☒

- B. While incarcerated or detained in any facility, have you brought any lawsuits in federal court which deal with facts other than those involved in this action? Yes _____ No ☒

If your answer to B is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (name the district):

3. Docket number: _____

4. Name of judge assigned to case: _____

5. Disposition
(for example, was the case dismissed? appealed? is it still pending?):

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

8. Were you allowed to proceed *in forma pauperis* (without prepayment of fees)? Yes _____ No ☒

C. As to any lawsuit filed in federal court where you were allowed to proceed *in forma pauperis*, was any suit dismissed on the ground that it was frivolous, malicious, or failed to state a claim? Yes _____ No ☒

1. If your answer to C is yes, name the court and docket number for each case:

_____	_____
_____	_____
_____	_____
_____	_____

II. Place of present confinement: _____

A. Is there a prisoner grievance procedure in this institution? Yes ☒ No _____

B. Did you present the facts relating to your complaint to the appropriate grievance committee? Yes _____ No ☒

C. If your answer to B is yes:

1. What steps did you take? _____

2. What was the result? _____

3. Did you appeal any adverse decision to the highest level possible in the administrative procedure? Yes ___ No ✓

If yes, what was the result? _____

- D. If you did not utilize the prison grievance procedure, explain why not: I FEEL LIKE THEY THE HIGHER AUTHORITY Ignores me & lie.

III. Parties

(In Item A below, list your name as plaintiff and current address. Provide the name and address of any additional plaintiffs on an attached sheet.)

- A. Name of plaintiff: _____
Address: _____

(In Item B below, list the defendant's full name, position, place of employment, and current address. Provide the same information for any additional defendants in Item C below.)

- B. Name of defendant: _____
Position: _____
Place of employment: _____
Current address: _____

- C. Additional defendants: _____

IV. Statement of Claim

State here as briefly as possible the FACTS in your case. Describe how each defendant is personally involved in the depriving you of your rights. You must include relevant times, dates, places, and names of witnesses. DO NOT GIVE LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

IN CHATHAM COUNTY DETENTION CENTER, IN UNIT 1D THE MENTAL HEALTH DORM I WAS IN CELL 20 I WAS REFUSED MENTAL HEALTH MEDICINE I TOLD DOCTOR GOLD I NEED TO SPEAK WITH HIM HE WALKED TO MY DOOR WITH SERGEANT. KENDALL & I TOLD THE DOCTOR IM PARANOID & IM SCIZIFRANIC I NEED MEDICINE & HELP & HE ASK ME WHAT MEDICINE I NEED HE DENIED MY REQUEST WHEN I TOLD HIM I NEED KINABONE & TRIED TO TALK TO HIM ABOUT MORE ISSUES THE DOCTOR GOLD WALK AWAY FROM MY DOOR THIS INCIDENT HAPPEN APPROXIMATELY MARCH SOME DAY OF THAT MONTH & YEAR 2021 I DONT REMEMBER THE TIME IM MENTALLY ILL. & THE SAME DOCTOR GOLD REFUSED MY HELP CONSTANTLY EVERYTIME I PUT IN A MEDICAL REQUEST TO SEE HIM WITHIN THE LAST 19 MONTHS A.S.P. HE SAIDS CONSTANTLY HE THINKS I DONT NEED MEDICINE WHEN I HAVE MENTALHEALTH ISSUES, & ALL OF THIS ALSO LED ME UP KEEP GOING TO THE 2D THE HOLE SOLITARY CONFINEMENT FOR WHEN I WAS TELLING ALL STAFF & OFFICERS I WAS SUPPOSED TO BE A 10-13 OR THE RADIO WALKIE TALKIE & PLACED IN MENTAL DORM IN & OUT OF IT SOMETIMES & RANDOMLY RELOCATED BECAUSE I WAS TOLD ONLY THE LPC'S & DOCTOR HAVE CONTROL.

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I Would like 1,000,000.00 From Correct Health.
\$ I Would like 500,000.00 From DOCTOR GOLD
\$ Have HIS License Revoked & FIRED.

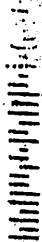
I declare under penalty of perjury that the foregoing is true and correct.

Signed this SUNDAY day of OCTOBER 31, 2021.

Prisoner No. 2019120664/P1563451

Leo O'Neil Jr.
(Signature of Plaintiff)

Louis O'Neil Grant
1074 Carl Griffin DR. Savannah, GA
CCDC



RECEIVED

U.S. Marshals Service
Savannah Georgia

UNITED STATES DISTRICT COURT
PO Box 8286, Savannah, GA 31412